

Building Services
 Room 201
 City-County Building
 300 West Ash - P.O. Box 736
 Salina, Kansas 67402-0736



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PROCESS AND STORAGE INFORMATION

Date:		Address:	
Project:			
Will an Open Flame Torch Be Used?		Yes/ No (circle one)	
	If Yes, Where?		
Will a Welder Be Used?		Yes I No (circle one)	
	If Yes, Where?		
Will Combustible Dust be Created?		Yes/ No (circle one)	
	If Yes, Where?		
Will Paint be Stored?		Yes/ No (circle one)	
Will Paint be Mixed?		Yes/ No (circle one)	
Will Paint be Dispensed?		Yes/ No (circle one)	
Will Paint or Other Materials be Sprayed?		Yes/ No (circle one)	
	If Yes, What?		
Will other Flammable Liquids be Dispensed?		Yes/ No (circle one)	
	If Yes Describe:		
Description of Other Hazardous Activities:			
Will any rooms in building be used for		Yes/ No (circle one)	
Consumption of alcoholic beverages?			
	If Yes, Where?		

STORAGE*:

Rooms designated as Storage or Hazardous Occupancies: <i>(Room Description or No. Should Match Description On Plans.)</i>	Description:	Combustible	NON-Combustible	Hazardous
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN
		YIN	YIN	YIN

*It is not necessary to list non-hazardous items stored in small rooms or closets accessory to another occupancy.

HAZARDOUS MATERIALS STORED OR USED IN PROCESS":

Material	Quantity Stored	Quantity in Process	Exempt Amount

"Submit MSDS sheets for all hazardous materials including exempt material.

I hereby declare the above listed information to be true and accurate.

Name of Building/Business owner or legal representative (Please Print) _____

Signature _____ Date _____ Legal Relationship _____

Use as many pages as necessary